Clease type a plus (+) sign in this box ightarrow**Attorney Docket Number** 71351-04 Substitute for form 1449 **First Named Inventor** Turner et al. FORMATION DISCLOSURE COMPLETE IF KNOWN STATEMENT BY APPLICANT 10/808,070 **Application Number** Filing Date 03/24/2004 **Group Art Unit** 3 1 of Examiner Name Sheet

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Examiner Initials*	er Cite U.S.Patent Document No.1 Number Kind Code <sup>2</sup> Number (if known)		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY			
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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						plication Number	10	/808,070	
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Examiner	Cite	Foreign Patent Docu		cument Kind Code <sup>5</sup>	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document					
Initials*	No.¹	Office <sup>3</sup>	Number <sup>4</sup>	(if known)		MM-DD-YYYY	T*				
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				Filing Date	03	/24/2004	
				Group Art Unit			
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	OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS							
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author(in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, pages(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>4</sup>					
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Examiner Initials*	Cite No.1	Include name of the author(in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, pages(s), volume-issue number(s), publisher, city and/or country where published.						

Examiner Signature	SAM A. ACROCALY	Date Considered 67/11/05
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